

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>HS</i>	<i>32</i>	<i>8/12</i>
FORMALITY REVIEW	<i>H-S</i>	<i>866</i>	<i>8756779</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

**BEST AVAILABLE COPY**  
 ✓ Rejected  
 (through numeral) Allowed  
 ÷ Canceled  
 Restricted

N Non-elected  
 I Interference  
 A Appeal  
 O Objected

Claim	Date
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*C.C.*  
*03-09-01*

If more than 150 claims or 10 actions  
 staple additional sheet here

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